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Dear Friend,

On Thursday, October 29, 2009 Congress introduced a bill that would provide the most sweeping health care reform in our nation in the last forty years. Leadership in the House of Representatives have kept their promise to the American people that they would allow at least 72 hours between when the bill was introduced and when the bill will be voted on.

As promised, I will be reading this bill very carefully and taking into account all of the comments shared during my eight health care town hall meetings across New York's 24th Congressional District and the thousands of calls and letters I have received voicing your hopes and concerns.

I, like, you understand this is not about just passing a health care bill; it is about passing the best possible health care bill-one that ensures all of our families have health care coverage while also being fiscally responsible with our spending.



http://docs.house.gov/rules/health/111 ahcaa.pdf







As we debate reforming our nation's health care system, more and more, we're hearing stories about fraudulent schemes to rob the federal government of Medicare and Medicaid dollars.



Just this last Sunday, a segment on the CBS newsmagazine "60 Minutes" zeroed in on the high number of fraud cases throughout the country suspected of robbing the Medicare and Medicaid system of hundreds of millions of dollars. That same day, the *Albany Times Union* ran a story about a federal investigation into possible Medicaid fraud at the New York State Health Department and the Research Foundation at the State University of New York.

Follow this link to watch the "60 Minutes" story: http://www.cbsnews.com/video/watch/?id=5419844n&tag=api

It's clear that Congress needs to act to ensure these systems are safe and secure for those that need them.

That's why I continue to fight for the passage of the IMPROVE Act, a bill I introduced back in July with Congressman Patrick Murphy (PA-8) and Sen

ator Amy Klobuchar (D-MN). The IMPROVE Act would close loopholes used by fraud artists to gain access to personal information and Medicare and Medicaid checks by requiring that providers and suppliers are reimbursed via electronic deposit at an FDIC-approved bank or credit union.

Under the current reimbursement system, criminals are able to siphon billions from the Medicare and Medicaid programs by cashing reimbursement checks for fraudulent services at check cashing stores. These stores, which rarely check IDs, verify Social Security numbers, or make other efforts to ensure the legitimacy of a transaction, both fail to prevent fraudulent billing and make it difficult to track down the perpetrators after payment has gone out.

Medicare fraud drains \$60 billion in taxpayer money every year. Improved personal verification and identification requirements at FDIC-approved banks and credit unions will make it harder for scammers to commit fraud and disappear without a trace, effectively closing the check-cashing laundering loophole that now exists. The IMPROVE Act has been endorsed by the AARP and the National District Attorneys Association.

If you would like to learn how to protect yourself or to report suspected fraud, waste or abuse of Medicare or Medicaid, please contact:

Medicare:

U.S. Inspector General 1-800-HHS-TIPS www.stopmedicarefraud.gov Medicaid:

NYS Medicare Inspector General 1-877-87 FRAUD www.omig.state.ny.us

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If you wish to contact me, please do so at http://arcuri.house.gov. Please do NOT reply to this message.

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